PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000033204

1. Corporation Name

BCT ENTERPRISES, INC.

							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	J
Principal Place	e of Business	Mailing A	ddress					
3000 N.E. 30TH PLACE 3000 N.E. 30TH PLACE								
5TH FLOOR	5 5. 00000 4057	•	5TH FLOOR			DO NOT WRITE IN THIS SPACE		
FORT LAUDERDALE FL 33306-1957 FO			FORT LAUDERDALE FL 33306-1957			3. Date Incorporated or Qualifed		
						04/26/1995	•	
2 Principal Pl	ace of Business	2a. Mailin	g Address			4 FEI Number	Apr	plied For
-	ace of Eddiness	26	gaa			65-0576066	Not	t Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.			<u> </u>	\$8.75 A	dditional
22 27			. ' . '-			-5. Certifcate of Status Desired	Fee Rec	quired
City & State	e		City & State			6. Election Campaign Financing	\$5.00	May Be
23		28	28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip		Country		8. This corporation owes the current year		}
24	25	29	3	0		Personal Property Tax.	Yes	□No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registe	red Agent	
				81	Name			
MACAULAY, ROBERT B				82	Street A	Address (P.O. Box Number is Not Acceptable)		
1402 MIAMI CENTER								
201 S BISCAYNE BLVD.				83				İ
MIAN	AI FL 33131			84	City		85 Zip C	ode
					•		FL `	j
office or re agent. 1 as SIGNATURE	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Suc ations of, Sectio	th change was aut on 607.0505, Florid	horized by la Statutes	the corpo	corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	ppointment as reg	jistered
	Signature, typed or printed name of registered ag			-	t signature re	equired when reinstating) DATI		DC IN 12
12.		ND DIRECTORS	S DELETÉ	13.	— Т	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D			1.2 NAME	ŀ	•		
NAME	WILKERSON, WILLIAM A	EI OOD						
STREET ADDRESS 3000 N.E. 30TH PLACE, 5TH FLOOR			1.3 STREET	i			}	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306)-195/	DELETE	1.4 CITY-S 2.1 TITLE	I-ZIP		☐ Change	Addition
TITLE	D		C DELETE	2.1 MILE				
NAME	LEVINE, WILLIAM	EI 000			1000000			
STREET ADDRESS	3000 N.E. 30TH PLACE, 5TH			2.3 STREE			•	
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	<u>}-195/</u>	DELETE	2. 4 CITY-5 3.1 TITLE	T-ZIP		Change	ddition
TITLE	D DAVMOND		MANUAL IN	3.1 TITLE		James H. Kaifenberg		-
NAME	KIERNAN, RAYMOND	ELOOD			ADDDESS	42 m)	
STREET ADDRESS	3000 N.E. 30TH PLACE, 5TH			3.3 STREET	i			[
CITY-ST-ZIP	FORT LAUDERDALE FL 33306	3-1937	☐ DELETE	3.4. CITY-S 4.1 TITLE	1-2P		☐ Change	☐ Addition
TITLE			C) DELETE	4, 2 NAME				_ [
NAME	HULL, MICHAEL	LOOP		4.2 NAME	TADDOESS			1
STREET ADDRESS	3000 NE 30TH PLACE 5TH FI	LOOR		4.3 STREE	- 1			
C/TY-ST-ZIP	FORT LAUDERDALE FL		DELETE	5.1 TITLE	1-ZIF		☐ Change	Addition
TITLE			_ 0	5.2 NAME		· ·		
NAME					ADDRESS			
STREET ADDRESS				5.4 CITY-S	1			
CITY-ST-ZIP			DELETE	6.1 TITLE			Change	Addition
TITLE			_ 500000	6.2 NAME				_
NAME								

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90104 036 ***150.00